



NASW

National Association of Social Workers / Connecticut Chapter

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Testimony in support of:

**H.B. No. 7125: AN ACT CONCERNING PARITY FOR MENTAL HEALTH AND
SUBSTANCE USE DISORDER BENEFITS, NONQUANTITATIVE TREATMENT
LIMITATIONS, DRUGS PRESCRIBED FOR THE TREATMENT OF SUBSTANCE
USE DISORDERS, AND SUBSTANCE ABUSE SERVICES.**

Insurance and Real Estate Committee, Public Hearing, March 5, 2019
Submitted By: Stephen Wanczyk-Karp, LMSW

On behalf of the 2500 members of the National Association of Social Workers, CT Chapter, and as a member of the CT Parity Coalition, we thank the committee in raising H.B. 7125.

HB 7125 is meant to ensure that Connecticut can achieve clarity on private insurance's adherence of federal parity laws. Currently, Connecticut legislation requires that insurance providers follow the regulations set forth in the federal Mental Health Parity and Addiction Equity Act (MHPAEA). However, without adequate reporting there is no way to know if insurers are actually complying with all parts of the law.

The December 2017 Milliman report, "Addiction and Mental Health vs Physical Health: Analyzing Disparities in Network Use and Provider Reimbursement Rates," identified CT as the state with the highest disparity between physical and behavioral healthcare in terms of the proportion of office visits that are out-of-network. Significant disparities were also identified in inpatient care and payments to behavioral health providers compared with primary care providers. This is indicative of less than full compliance with the MHPAEA.

Nationally, 20-30 states are considering or adopting new legislation to standardize compliance with the federal law. For 2019, the CT Parity Coalition is advocating that Connecticut follow suit by:

- Establishing reporting requirements for insurers to demonstrate how they design and apply their managed care procedures, so regulators can determine if there is compliance with the law
- Specifying how state insurance departments can implement parity and then report on their activities

Regarding the bill language please ensure that the reporting requirements mirror the components of the final MHPAEA rules. Numerous state and federal investigations have revealed that insurers are in fact applying NQTLs to mental health and substance use disorder benefits in a way that is noncomparable and more stringent than how they apply them to medical and surgical benefits. That is why the comparative analyses are requested.

The analysis steps in the legislation are from a national model created by leading parity experts from the Kennedy Forum, the American Psychiatric Association, and the Parity Implementation Coalition. This approach was also adopted by United States Department of Labor in its Self-Compliance Tool for the Mental Health Parity and Addiction Equity Act, released April 23, 2018. Again, these reporting requirements are essential to have in the bill so that this next step of parity compliance can be achieved.

We also have concerns as to inequity in provider reimbursement rates between physical and mental health visits. Mental health visits are typically longer in length than physical care visits, yet payment do not reflect the greater clinician intensity of work.

Passing this legislation is an important step towards gaining clarity on parity compliance and, ultimately, ensuring that Connecticut's consumer rights are protected.